

## **Link Business Communications**

77 West Baltimore Pike Suite 500 Media, Pennsylvania, 19063 484-319-4600

## Monthly Recurring Payment Form

Date:	_ Company Name:	lelephone:
Contact Name:	Email Address:	
Service Description: All monthly recurring charges, repairs as needed, Taxes and fees.	Recurring amount at time of signing less taxes and fees: \$  One Time Payment less taxes and fees: \$	
or to debit through ACH the ban		ns to automatically bill the card listed below hly recurring service charges, taxes and fees Link Business Communications.
Please fill in only one m	ethod of payment. All fields for eit	ther method MUST be completed.
	Credit or Debit Card Informat	tion:
Card Type: (check one) Visa	MC	Disc. Amex
Cardholder Name:	Street Address	Zip Code:
Card Number:	Expiration:	CCV:
	emain in effect unless I notify Link Busine ice to AP@linkbusinesscommunications.c	ess Communications of my desire to void it by com or by FAX to 484-319-4666.
Cardholder Signature:		Date:
E-Check	Ach (Automatic Clearing House) Au	uthorization Form
Name on Bank Account:	Authorized Person Name:	
Bank Name:	Bank Routing Number:	
Account Number:	Type of account: (Personal ch	hecking Business Checking or Savings
	emain in effect unless I notify Link Busine ice to AP@linkbusinesscommunications.c	ess Communications of my desire to void it by com or by FAX to 484-319-4666.
Account Holder Name (Print)	Account Holder Signatur	rre: Date:

Accounts are charged on the 1<sup>st</sup> of the month. A receipt marked "PAID" will be e-mailed to the e-mail address we have on file.

Please fill in all fields for <u>just one payment method</u> and FAX this form back to Link Business Communications at 484-319-4666 or e-mail to AP@linkbusinesscommunications.com You may also mail this form to:

<u>Link Business Communications</u> 77 West Baltimore Pike Suite 500 Media, PA 19063